

APPLICATION DATA SHEET

Application Information

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| Application Number:: | National Stage of PCT/SE03/001646 |
| Filing Date:: | May 19, 2005 |
| Application Type:: | Regular |
| Subject Matter:: | National Stage Application |
| Suggested Classification:: | None |
| Suggested Group Art Unit:: | None |
| CD-ROM or CD-R?:: | No |
| Number of CD Disks:: | 0 |
| Number of Copies of CDs:: | None |
| Sequence Submission?:: | No |
| Computer Readable Form (CFR)?:: | No |
| Number of Copies of CFR:: | None |
| Title:: | FLANGE DRESSING AND METHOD FOR ATTACHING A GAS SPRING |
| Attorney Docket Number:: | 35947-216981 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | NONE |
| Total Drawing Sheets:: | FIVE |
| Small Entity?:: | NO |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | None |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | None |
| Secrecy Order in Parent Appl.:: | |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: Swedish
Country:: Sweden
Status:: Full Capacity
Given Name:: Mårten
Middle Name::
Family Name:: JOHANSSON
Name Suffix::
City of Residence:: MJÖLBY
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Dackeplan 2B
City of Mailing Address:: MJÖLBY
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-595 32

Applicant Authority Type:: Inventor
Primary Citizenship:: Swedish
Country:: Sweden
Status:: Full Capacity
Given Name:: Leif
Middle Name::
Family Name:: LUNDAHL
Name Suffix::
City of Residence:: NÖBBELE
State or Province of Residence::
Country of Residence:: Sweden

Street of Mailing Address:: Björkhagen
City of Mailing Address:: NÖBBELE
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-360 47

Applicant Authority Type:: Inventor
Primary Citizenship:: Swedish
Country:: Sweden
Status:: Full Capacity
Given Name:: Per
Middle Name::
Family Name:: NORDVALL
Name Suffix::

City of Residence:: TRANÅS
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Hagadalsgatan 57
City of Mailing Address:: TRANÅS
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-573 40

Applicant Authority Type:: Inventor
Primary Citizenship:: Swedish
Country:: Sweden
Status:: Full Capacity
Given Name:: Zoltan

Middle Name::
Family Name:: PAP
Name Suffix::
City of Residence:: TRANÅS
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Brinkgatan 11
 TRANÅS
State or Province of Mailing Address:: TRANÅS
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-573 42

Applicant Authority Type:: Inventor
Primary Citizenship:: Swedish
Country:: Sweden
Status:: Full Capacity
Given Name:: Marcus
Middle Name::
Family Name:: CRONHOLM
Name Suffix::
City of Residence:: MJÖLBY
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Vintergatan 14
City of Mailing Address:: MJÖLBY
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-595 53

Correspondence Information

Correspondence Customer Number:: 26694
Phone Number:: (202) 344-4000
Fax Number:: (202) 344-8300
E-Mail Address:: www.venable.com

Representative Information

Representative Customer Number:: 26694

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| | Continuation of | | |
| | Continuation of | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|-------------------|--------------------|
| Sweden | 0203539-2 | November 28, 2002 | Yes |
| | | | |

Assignee Information

Assignee Name:: STRÖMSHOLMEN AB
Street of Mailing Address:: Box 216
City of Mailing Address:: TRANÅS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-573 23

